

## Application for Electrical Contractor license

OWNER (S): \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

(Street)

(City, State, Zip) \_\_\_\_\_

(telephone) \_\_\_\_\_

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### OWNER OR EMPLOYEE HAVING A WISCONSIN MASTER LICENSE

(A) CHECK ONE: \_\_\_\_\_ IS OWNER  
\_\_\_\_\_ IS FULL TIME EMPLOYEE

(B) CHECK ONE: \_\_\_\_\_ IS A WISCONSIN MASTER  
\_\_\_\_\_ IS A WISCONSIN RESTRICTED MASTER  
(for the City of Chippewa Falls)

(C) STATE CERTIFICATION NUMBER: \_\_\_\_\_

MASTERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Street)

(City, State, Zip) \_\_\_\_\_

(Telephone number) \_\_\_\_\_

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All persons performing electrical work on job sites shall be properly licensed. A Contractors License will be issued upon approval of this application and submittal of the following items to the Inspection Department.

1. Certificate of Liability Insurance of at least \$250,000 for property damage and \$ 500,000 for personal death or injury.
2. Proof of workers compensation.

Application Fee: \$25.00 (License period is one year with expiration on July 31<sup>st</sup> each year)

Contractor License fee: \$75.00

Total Fee: \$100.00

Make Check Payable To: The City of Chippewa Falls

Send Application To: City of Chippewa Falls Inspection Department

30 West Central Street

Chippewa Falls WI 54729

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_